

November 4, 2014 General Election Candidate's Statement of Qualifications Form

Candidate Name: Karolyn Fairbanks

Office: Treasurer

Check the appropriate box or boxes:

- I DO NOT wish to have a statement printed in the voter pamphlet. However, I understand that if I choose to submit a written statement, I may do so no later than the deadline for filing nomination documents.
- I DO wish to have a statement printed in the voter pamphlet and I agree to pay, upon billing, any additional cost involved in the printing and handling of the submitted statement if actual costs exceed the advance payment. I understand that a refund will be made if the advance payment exceeds the cost.
- I wish to have my statement translated and printed in Spanish in addition to English, with the understanding that I will pay the actual cost incurred.

I certify under penalty of perjury under the laws of the State of California that the contents of the following candidate statement are, to the best of my knowledge and belief, true and correct.

Signature: Karolyn Fairbanks

Date: 7-5-14

Age: _____ Occupation: _____
(optional) (optional)

Your statement and word count begin here: